

AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

LEAF FUNDING, INC.,

CASE NUMBER:

V.

ASSIGNED JUDGE: 08CV4032

MIDWEST OPEN MRI, INC.,
KUNDANKUMAR GIRI and
NIRANJANA GIRI,

JUDGE NORGLÉ
DESIGNATED MAG. JUDGE COX
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Midwest Open MRI, Inc.
c/o Registered Agent
Robert A. McNees
195 Hiawatha Drive
Carol Stream, IL 60188

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Michael H. McCall
Foran Glennon Palandech & Ponzi PC
150 South Wacker Drive, Suite 1100
Chicago, IL 60606

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk



(By) DEPUTY CLERK

July 16, 2008

Date



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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE July 19, 2008	
NAME OF SERVER (PRINT) Frances Corbett	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<p>G Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p>G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p>G Returned unexecuted: _____</p> <p>_____</p> <p>_____</p> <p>G Other (specify): <u>Served certified mail, return receipt requested to Defendant</u> <u>Midwest Open MRI Inc. c/o Registered Agent, Robert A. McNees at</u> <u>195 Hiawatha Drive, Carol Stream, IL 60188</u></p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES Certified Mail Return Receipt Requested	TOTAL \$6.41
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>7/18/08</u> _____ Date Signature of Server</p> <p style="text-align: center; margin-top: 20px;">150 South Wacker Drive, Suite 1100 Chicago, IL 60606 _____ Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Midwest Open MRI Inc.
c/o Registered Agent
Robert A. McNees
195 Hiawatha Drive
Carol Stream, IL 60188

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]☐ Agent☐ Addressee

B. Received by (Printed Name)

C. JORDAN

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 3450 0002 6244 3428